

5/4/

**FILED****May 30, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90156 009 \*\*\*150.00

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000058964**

1. Entity Name

**AMERITRUST PROPERTY & CASUALTY INC**

Principal Place of Business

17410 US HWY 41 NORTH  
LUTZ FL 33549

Mailing Address

17410 US HWY 41 NORTH  
LUTZ FL 33549

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

59-3650618

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

DIAZ, JOSE A  
17410 US HWY 41 NORTH  
LUTZ FL 33549

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DIAZ, JOSE A	
STREET ADDRESS	11140 4TH STREET	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, CARIDAD G	
STREET ADDRESS	11140 4TH STREET	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZEMETRES, RITA	
STREET ADDRESS	17815 SIMMONS RD	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz, Jose A	
STREET ADDRESS	5353 Idleweise Court	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Diaz, Caridad G	
STREET ADDRESS	5353 Idleweise Court	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/01 812-996-1140

CR2E034 (10/00)